2015

Prescription Drug Guide

Humana Abbreviated Formulary

Partial list of covered drugs

Humana Preferred Rx Plan (PDP)

Region 24
State of Kansas

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN.

This abridged formulary was updated on 11/02/2015 and is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact Humana at 1-800-281-6918 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

Other pharmacies are available in our network.

Instructions for getting information about all covered drugs are inside.

Humana.
Preferred Rx Plan (PDP)
Walmart Preferred Retail Pharmacy

Welcome to Humana!

Note to existing members: This formulary changes yearly. If you belonged to the plan in 2014, please review this document to make sure that it still contains the drugs you take.

What is the formulary?
A formulary is the list of covered drugs selected by Humana. Humana worked with a team of doctors and pharmacists to make a formulary that represents the prescription drugs we think you need for a quality treatment program. Humana will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Humana network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary, which means it includes only some of the drugs covered by Humana. To search the complete list of all prescription drugs Humana covers, you can visit **Humana.com/medicaredruglist**. The Drug List Search tool lets you search for your drug by name or drug type.

For help or a complete list of covered drugs, you can also call Humana Customer Care at **1-800-281-6918**. If you use a TTY, call **711**. You can call us seven days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

Can the formulary change?
Generally, we won't discontinue or reduce coverage of the drug during the 2015 coverage year if you take a drug that was covered at the beginning of the year. However, we may change the formulary when a new, less-expensive generic drug becomes available or when new information about the safety or effectiveness of a drug is released.

We'll notify members who are affected by the following changes to our formulary:
- When we remove drugs from the formulary
- When we add prior authorization, quantity limits, or step-therapy restrictions on a drug
- When we move a drug to a higher cost-sharing tier

What if you're affected by a formulary change?
We'll notify you at least 60 days before one of these changes happens or when you request a refill of the affected drug.

If the Food and Drug Administration decides a drug on our formulary is unsafe or the drug's manufacturer takes the drug off the market, we'll immediately remove the drug from our formulary and notify you if you're taking the drug.

The enclosed formulary is current as of November 2015. We'll update our printed formularies each month and they'll be available on **Humana.com**.

How do I use the formulary?
There are two ways to find your drug in the formulary:

Medical condition
The formulary starts on page 10. We've put the drugs into groups depending on the type of medical conditions that they're used to treat. For example, drugs that treat a heart condition are listed under the category "Cardiovascular Drugs." If you know what medical condition your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug. The formulary also lists the Tier and Utilization Management Requirements for each drug (see page 5 for more information on Utilization Management Requirements).

Alphabetical listing
If you're not sure about your drug's category or group, you should look for your drug in the Index that begins on page 36. The Index is an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed. Look in the Index and find your drug. Next to your drug, you'll see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

Prescription drugs are grouped into one of five tiers.
Humana covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

- **Tier 1 - Preferred Generic:** Generic or brand drugs that are available at the lowest cost share for this plan
- **Tier 2 - Non-Preferred Generic:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 1 Preferred Generic drugs
- **Tier 3 - Preferred Brand:** Generic or brand drugs that the plan offers at a lower cost to you than Tier 4 Non-Preferred Brand drugs
- **Tier 4 - Non-Preferred Brand:** Generic or brand drugs that the plan offers at a higher cost to you than Tier 3 Preferred Brand drugs
- **Tier 5 - Specialty Tier:** Some injectables and other high-cost drugs

How much will I pay for covered drugs?
Humana pays part of the costs for your covered drugs and you pay part of the costs, too.

The amount of money you pay depends on:

- Which tier your drug is on
- Whether you fill your prescription at a network pharmacy
- Your current drug payment stage - please read your Evidence of Coverage (EOC) for more information

If you qualified for extra help with your drug costs, your costs may be different from those described above. Please refer to your Evidence of Coverage (EOC) or call Customer Care to find out what your costs are.

Are there any restrictions on my coverage?
Some covered drugs may have additional requirements or limits on coverage. These are called Utilization Management Requirements. These requirements and limits may include:

- **Prior Authorization (PA):** Humana requires you to get prior authorization for certain drugs to be covered under your plan. This means that you'll need to get approval from Humana before you fill your prescriptions. If you don't get approval, Humana may not cover the drug.
- **Quantity Limits (QL):** For some drugs, Humana limits the amount of the drug that we'll cover. Humana might limit how many refills you can get or how much of a drug you can get each time you fill your prescription. For example, if it's normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day. Specialty drugs are limited to a 30-day supply regardless of tier placement.
- **Step Therapy (ST):** In some cases, Humana requires you to first try certain drugs to treat your medical condition before we'll cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Humana may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Humana will then cover Drug B.
- **Part B versus Part D (B vs D):** Some drugs may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted to Humana that describes the use and the place where you receive and take the drug so we can make the determination.

For drugs that need prior authorization or step therapy or drugs that fall outside of quantity limits, your doctor can fax information about those drugs to Humana at **1-877-486-2621**. Representatives are available Monday - Friday, 8 a.m. - 6 p.m.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10.

You can also visit **Humana.com/medicaredruglist** to get more information about the restrictions applied to specific covered drugs.

You can ask Humana to make an exception to these restrictions or limits. See the section "**How do I request an exception to the formulary?**" on page 6 for information about how to request an exception.

Does healthcare reform impact my coverage?
Since 2011, Medicare has made changes to help with the cost of medicines while members are in the Prescription Drug Plan coverage gap, which is often called the “donut hole.” The Centers for Medicare & Medicaid Services (CMS) work with the companies that make prescription drugs and health plans so you receive nearly 55 percent off the cost of many covered, brand-name drugs while you're in the coverage gap. Medicare members who receive the low-income subsidy (“Extra Help”) or are covered by a qualified, commercial prescription plan through an employer won’t get this discount.

What if my drug isn't on the formulary?
If your drug isn't included in this list of covered drugs, visit **Humana.com** to see if your plan covers your drug. You can also call Customer Care and ask if your drug is covered.

If Humana doesn't cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that Humana covers. Show the list to your doctor and ask him or her to prescribe a similar drug that is covered by Humana.
- You can ask Humana to make an exception and cover your drug. See below for information about how to request an exception.

Talk to your doctor to decide if you should switch to another drug that we cover or if you should request a formulary exception so that we’ll cover your drug.

How do I request an exception to the formulary?
You can ask Humana to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- **Formulary exception:** You can ask us to cover your drug if it's not on our formulary.
- **Utilization restriction exception:** You can ask us not to apply coverage restrictions or limits on your drug. For example, if your drug has a quantity limit, you can ask us to not apply the limit and to cover more doses of the drug.
- **Tier exception:** You can ask us to provide a higher level of coverage for your drug. For example, if your drug is usually considered a non-preferred drug, you can ask us to cover it as preferred drug instead. This would lower how much money you must pay for your drug. Please remember that you can't ask us to provide a higher level of coverage for the drug if we grant your request to cover a drug that is not on our formulary.

Generally, Humana will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug, or other restrictions wouldn't be as effective in treating your health condition and/or would cause adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tier, or utilization restriction exception. When you ask for an exception, you should submit a statement from your doctor that supports your request. This is called a supporting statement.

Generally, we must make our decision within 72 hours of getting your doctor's supporting statement. You can request a quicker, or expedited, exception if you or your doctor thinks your health would seriously suffer if you wait as long as 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your doctor's supporting statement.

Will my plan cover my drugs if they are not on the formulary?
You may take drugs that your plan doesn't cover. Or, you may take a drug that your plan covers, but that drug might have a Utilization Management Requirement, such as a Prior Authorization or Step Therapy, that keeps you from getting the drug right away. In certain cases, we may cover as much as a 30-day supply of your drug during the first 90 days you're a member of our plan. We'll talk to your doctor during this time to decide the right steps for you to take.

Here is what we'll do for each of your current Part D drugs that aren't on our formulary, or if you have limited ability to get your drugs:

- We'll temporarily cover up to a 30-day supply of your medicine when you go to a pharmacy.
- We won't pay for these drugs after your first 30-day supply, even if you've been a member of the plan for less than 90 days, unless we have granted you a formulary exception.

If you're a resident of a long-term care facility and you take Part D drugs that aren't on our formulary, we'll cover up to a 31-day supply, plus refills for a maximum of a 91-98 day supply of your current drug therapy (unless you have a prescription written for fewer days). We'll cover more than one refill of these drugs for the first 90 days you're a member of our plan. We'll cover a 31-day emergency supply of your drug (unless you have a prescription for fewer days) while you ask for a formulary exception if:

- You need a drug that's not on our formulary *or*
- You have limited ability to get your drugs *and*
- You're past the first 90 days of membership in our plan

Throughout the plan year, you may have a change in your treatment setting (the place where you receive and take your medicine) because of how much care you need. These changes include:

- Members who are discharged from a hospital or skilled-nursing facility to a home setting
- Members who are admitted to a hospital or skilled-nursing facility from a home setting
- Members who transfer from one skilled-nursing facility to another and use a different pharmacy

- Members who end their skilled-nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who now need to use their Part D plan benefit
- Members who give up Hospice Status and go back to standard Medicare Part A and B coverage
- Members discharged from chronic psychiatric hospitals with highly individualized drug regimens

For these changes in treatment settings, Humana will cover as much as a 31-day temporary supply of a Part D-covered drug when you fill your prescription at a pharmacy. If you change treatment settings multiple times within the same month, you may have to request an exception or prior authorization and receive approval for continued coverage of your drug. Humana will review these requests for continuation of therapy on a case-by-case basis when you're on a stabilized drug regimen that, if changed, is known to have risks.

Transition extension
Humana will consider on a case-by-case basis an extension of the transition period if your exception request or appeal hasn't been processed by the end of your initial transition period. We'll continue to provide necessary drugs to you if your transition period is extended.

A Transition Policy is available on Humana's Medicare website, **Humana.com**, in the same area where the Prescription Drug Guides are displayed.

MyHumana - Your secure website
Register for MyHumana, your secure website on **Humana.com**, to find out more about your prescription drug plan. You can sign in to MyHumana to get details about your benefits, view your claims, and explore the Senior Health Center. You can also use the Rx Calculator under "Pharmacy Tools" on MyHumana to:
- Estimate your monthly drug costs and how long it will take you to reach the various cost "stages" for your prescription drug plan
- Get information about pricing, coverage, usage, dosage, interactions, and other details on more than 10,000 drugs
- Find out if a generic alternative might save you money

For More Information

For more detailed information about your Humana prescription drug coverage, please read your Evidence of Coverage (EOC) and other plan materials.

If you have questions about Humana, please visit our website at **Humana.com/medicaredruglist**. The Drug List Search tool lets you search for your drug by name or drug type.

You can also call Humana Customer Care at **1-800-281-6918**. If you use a TTY, call 711. You can call us seven days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 to Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE** (**1-800-633-4227**) 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**. You can also visit **www.medicare.gov**.

Humana Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Humana. If you have trouble finding your drug in the list, turn to the Index that begins on page 36.

Remember: This is only a partial list of drugs covered by Humana. If your prescription drug isn't listed in this partial formulary, please visit our website at **Humana.com**. Our additional contact information is listed on the previous page.

How to read your formulary
The first column of the chart lists categories of medical conditions in alphabetical order. The drug names are then listed in alphabetical order within each category. Brand-name drugs are CAPITALIZED and generic drugs are listed in lower case. Next to the drug name you may see an indicator to tell you about additional coverage information for that drug. You might see the following indicators:
SP - Medicines that are typically available through a specialty pharmacy. Please contact your specialty pharmacy to make sure your drug is available.
MO - Drugs that are typically available through mail-order. Please contact your mail-order pharmacy to make sure your drug is available.

The second column lists the tier of the drug. See page 4 for more details on the drug tiers in your plan.

The third column shows the Utilization Management Requirements for the drug. Humana may have special requirements for covering that drug. If the column is blank, then there are no utilization requirements for that drug. The supply for each drug is based on benefits and whether your doctor prescribes a supply for 30, 60, or 90 days. The amount of any quantity limits will also be in this column (Example: "QL - 30 for 30 days" means you can only get 30 doses every 30 days). See page 5 for more information about these requirements.

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
ANTI-INFECTIVE AGENTS		
abacavir 300 mg tablet **SP**	4	QL (60 per 30 days)
acyclovir 200 mg capsule **MO**	1	
acyclovir 400 mg tablet **MO**	2	
acyclovir 800 mg tablet **MO**	2	
acyclovir sodium 500 mg vial **MO**	2	
adefovir dipivoxil 10 mg tab **SP**	5	
bacitracin 50,000 units vial **MO**	3	
BETHKIS 300 MG/4 ML SOLUTION FOR NEBULIZATION **SP**	5	PA,QL (224 per 28 days)
ciprofloxacin hcl 250 mg tab **MO**	1	
ciprofloxacin hcl 500 mg tab **MO**	1	
ciprofloxacin hcl 750 mg tab **MO**	2	
clarithromycin 250 mg tablet **MO**	3	
clarithromycin 500 mg tablet **MO**	3	
clindamycin hcl 75 mg capsule **MO**	2	
CRIXIVAN 200 MG CAPSULE **SP**	4	QL (450 per 30 days)
CRIXIVAN 400 MG CAPSULE **SP**	4	QL (270 per 30 days)
famciclovir 125 mg tablet **MO**	3	QL (60 per 30 days)
famciclovir 250 mg tablet **MO**	3	QL (60 per 30 days)
famciclovir 500 mg tablet **MO**	3	QL (60 per 30 days)
isoniazid 100 mg/ml vial **MO**	2	
levofloxacin 250 mg tablet **MO**	2	
levofloxacin 500 mg tablet **MO**	2	
MEPRON 750 MG/5 ML ORAL SUSPENSION **MO**	5	
NORVIR 100 MG TABLET **SP**	4	QL (360 per 30 days)
PEGINTRON 50 MCG/0.5 ML SUBCUTANEOUS KIT **SP**	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 120 MCG/0.5 ML SUBCUTANEOUS KIT **SP**	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 150 MCG/0.5 ML SUBCUTANEOUS KIT **SP**	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 50 MCG/0.5 ML SUBCUTANEOUS KIT **SP**	5	PA,QL (4 per 28 days)
PEGINTRON REDIPEN 80 MCG/0.5 ML SUBCUTANEOUS KIT **SP**	5	PA,QL (4 per 28 days)
primaquine 26.3 mg tablet **MO**	4	
quinine sulfate 324 mg capsule **MO**	4	PA,QL (42 per 7 days)
ribavirin 200 mg capsule **SP**	3	QL (168 per 28 days)
ribavirin 200 mg tablet **SP**	3	QL (168 per 28 days)
sulfamethoxazole-tmp ds tablet **MO**	1	
sulfamethoxazole-tmp ss tablet **MO**	1	

Need more information about the indicators displayed by the drug names? Please go to page 9.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
SUSTIVA 200 MG CAPSULE SP	4	QL (120 per 30 days)
SUSTIVA 50 MG CAPSULE SP	4	QL (480 per 30 days)
SUSTIVA 600 MG TABLET SP	5	QL (30 per 30 days)
tinidazole 250 mg tablet MO	3	
tinidazole 500 mg tablet MO	3	
TRIZIVIR 300 MG-150 MG-300 MG TABLET SP	5	QL (60 per 30 days)
VIREAD 150 MG TABLET SP	5	QL (30 per 30 days)
VIREAD 200 MG TABLET SP	5	QL (30 per 30 days)
VIREAD 250 MG TABLET SP	5	QL (30 per 30 days)
VIREAD 300 MG TABLET SP	5	QL (30 per 30 days)
VIREAD 40 MG/SCOOP (40 MG/GRAM) ORAL POWDER SP	5	QL (240 per 30 days)
ANTIHISTAMINE DRUGS		
levocetirizine 5 mg tablet MO	2	QL (30 per 30 days)
ANTINEOPLASTIC AGENTS		
anastrozole 1 mg tablet MO	2	QL (30 per 30 days)
bicalutamide 50 mg tablet MO	3	QL (30 per 30 days)
letrozole 2.5 mg tablet MO	2	QL (30 per 30 days)
methotrexate 2.5 mg tablet MO	2	B vs D
tamoxifen 10 mg tablet MO	2	
tamoxifen 20 mg tablet MO	2	
TRELSTAR 22.5 MG INTRAMUSCULAR SUSPENSION MO	4	PA
TREXALL 10 MG TABLET MO	4	B vs D
TREXALL 15 MG TABLET MO	4	B vs D
TREXALL 5 MG TABLET MO	4	B vs D
TREXALL 7.5 MG TABLET MO	4	B vs D
ZYTIGA 250 MG TABLET SP	5	PA,QL (120 per 30 days)
AUTONOMIC DRUGS		
albuterol 5 mg/ml solution MO	2	B vs D
albuterol sul 1.25 mg/3 ml sol MO	2	B vs D
albuterol sulf 2 mg/5 ml syrup MO	2	
albuterol sulfate 2 mg tab MO	3	
baclofen 10 mg tablet MO	1	
baclofen 20 mg tablet MO	2	
bethanechol 10 mg tablet MO	3	
bethanechol 25 mg tablet MO	3	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bethanechol 5 mg tablet MO	3	
bethanechol 50 mg tablet MO	4	
CHANTIX 0.5 MG TABLET MO	4	QL (56 per 28 days)
CHANTIX 1 MG TABLET MO	4	QL (56 per 28 days)
donepezil hcl 10 mg tablet MO	2	QL (60 per 30 days)
donepezil hcl 5 mg tablet MO	2	QL (30 per 30 days)
donepezil hcl odt 10 mg tablet MO	2	QL (30 per 30 days)
donepezil hcl odt 5 mg tablet MO	2	QL (30 per 30 days)
EXELON PATCH 4.6 MG/24 HR TRANSDERMAL MO	4	QL (30 per 30 days)
EXELON PATCH 9.5 MG/24 HR TRANSDERMAL MO	4	QL (30 per 30 days)
galantamine er 16 mg capsule MO	4	QL (30 per 30 days)
galantamine er 24 mg capsule MO	4	QL (30 per 30 days)
galantamine er 8 mg capsule MO	4	QL (30 per 30 days)
galantamine hbr 12 mg tablet MO	4	QL (60 per 30 days)
galantamine hbr 4 mg tablet MO	4	QL (60 per 30 days)
galantamine hbr 8 mg tablet MO	4	QL (60 per 30 days)
PROAIR HFA 90 MCG/ACTUATION AEROSOL INHALER MO	3	QL (36 per 30 days)
rivastigmine 1.5 mg capsule MO	4	QL (90 per 30 days)
rivastigmine 3 mg capsule MO	4	QL (90 per 30 days)
rivastigmine 4.5 mg capsule MO	4	QL (60 per 30 days)
rivastigmine 6 mg capsule MO	4	QL (60 per 30 days)
SPIRIVA WITH HANDIHALER 18 MCG & INHALATION CAPSULES MO	3	QL (30 per 30 days)
tamsulosin hcl 0.4 mg capsule MO	2	QL (60 per 30 days)
BLOOD FORMATION,COAGULATION & THROMBOSIS		
cilostazol 100 mg tablet MO	2	
cilostazol 50 mg tablet MO	2	
clopidogrel 300 mg tablet MO	2	QL (1 per 30 days)
clopidogrel 75 mg tablet MO	2	QL (30 per 30 days)
EFFIENT 10 MG TABLET MO	3	QL (30 per 30 days)
EFFIENT 5 MG TABLET MO	3	QL (30 per 30 days)
ELIQUIS 2.5 MG TABLET MO	3	QL (60 per 30 days)
ELIQUIS 5 MG TABLET MO	3	QL (74 per 30 days)
enoxaparin 100 mg/ml syringe SP	4	QL (28 per 28 days)
enoxaparin 120 mg/0.8 ml syr SP	4	QL (28 per 28 days)
enoxaparin 150 mg/ml syringe SP	4	QL (28 per 28 days)

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
enoxaparin 30 mg/0.3 ml syr **SP**	4	QL (28 per 28 days)
enoxaparin 300 mg/3 ml vial **SP**	4	QL (14 per 28 days)
enoxaparin 40 mg/0.4 ml syr **SP**	4	QL (28 per 28 days)
enoxaparin 60 mg/0.6 ml syr **SP**	4	QL (28 per 28 days)
enoxaparin 80 mg/0.8 ml syr **SP**	4	QL (28 per 28 days)
fondaparinux 2.5 mg/0.5 ml syr **SP**	4	QL (14 per 30 days)
fondaparinux 5 mg/0.4 ml syr **SP**	5	QL (14 per 30 days)
fondaparinux 7.5 mg/0.6 ml syr **SP**	5	QL (14 per 30 days)
NEUPOGEN 300 MCG/0.5 ML INJECTION SYRINGE **SP**	5	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/0.8 ML INJECTION SYRINGE **SP**	5	PA,QL (14 per 30 days)
NEUPOGEN 480 MCG/1.6 ML INJECTION SOLUTION **SP**	5	PA,QL (14 per 30 days)
PRADAXA 150 MG CAPSULE **MO**	3	QL (60 per 30 days)
PRADAXA 75 MG CAPSULE **MO**	3	QL (60 per 30 days)
PROCRIT 10,000 UNIT/ML INJECTION SOLUTION **SP**	4	PA,QL (14 per 30 days)
PROCRIT 2,000 UNIT/ML INJECTION SOLUTION **SP**	4	PA,QL (14 per 30 days)
PROCRIT 20,000 UNIT/ML INJECTION SOLUTION **SP**	5	PA,QL (14 per 30 days)
PROCRIT 3,000 UNIT/ML INJECTION SOLUTION **SP**	4	PA,QL (14 per 30 days)
PROCRIT 4,000 UNIT/ML INJECTION SOLUTION **SP**	4	PA,QL (14 per 30 days)
PROCRIT 40,000 UNIT/ML INJECTION SOLUTION **SP**	5	PA,QL (14 per 30 days)
warfarin sodium 1 mg tablet **MO**	1	
warfarin sodium 2 mg tablet **MO**	1	
warfarin sodium 2.5 mg tablet **MO**	1	
warfarin sodium 3 mg tablet **MO**	1	
warfarin sodium 4 mg tablet **MO**	1	
warfarin sodium 5 mg tablet **MO**	1	
warfarin sodium 6 mg tablet **MO**	1	
warfarin sodium 7.5 mg tablet **MO**	1	
XARELTO 10 MG TABLET **MO**	3	QL (35 per 60 days)
XARELTO 15 MG TABLET **MO**	3	QL (60 per 30 days)
XARELTO 20 MG TABLET **MO**	3	QL (30 per 30 days)
CARDIOVASCULAR DRUGS		
acebutolol 200 mg capsule **MO**	2	
acebutolol 400 mg capsule **MO**	2	
amiodarone hcl 200 mg tablet **MO**	2	
amiodarone hcl 400 mg tablet **MO**	2	

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DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
amlodipine besylate 10 mg tab MO	2	
amlodipine besylate 2.5 mg tab MO	2	
amlodipine besylate 5 mg tab MO	2	
amlodipine-benazepril 10-20 mg MO	3	QL (60 per 30 days)
amlodipine-benazepril 10-40 mg MO	3	QL (30 per 30 days)
amlodipine-benazepril 2.5-10 MO	3	QL (60 per 30 days)
amlodipine-benazepril 5-10 mg MO	3	QL (60 per 30 days)
amlodipine-benazepril 5-20 mg MO	3	QL (60 per 30 days)
amlodipine-benazepril 5-40 mg MO	3	QL (30 per 30 days)
atenolol 100 mg tablet MO	1	
atenolol 25 mg tablet MO	1	
atenolol 50 mg tablet MO	1	
atorvastatin 10 mg tablet MO	2	QL (30 per 30 days)
atorvastatin 20 mg tablet MO	2	QL (30 per 30 days)
atorvastatin 40 mg tablet MO	2	QL (30 per 30 days)
atorvastatin 80 mg tablet MO	2	QL (30 per 30 days)
AZOR 10 MG-20 MG TABLET MO	3	QL (30 per 30 days)
AZOR 10 MG-40 MG TABLET MO	3	QL (30 per 30 days)
AZOR 5 MG-20 MG TABLET MO	3	QL (30 per 30 days)
AZOR 5 MG-40 MG TABLET MO	3	QL (30 per 30 days)
benazepril hcl 10 mg tablet MO	1	
benazepril hcl 40 mg tablet MO	1	
benazepril hcl 5 mg tablet MO	1	
benazepril-hctz 10-12.5 mg tab MO	2	
benazepril-hctz 20-12.5 mg tab MO	2	
benazepril-hctz 20-25 mg tab MO	2	
benazepril-hctz 5-6.25 mg tab MO	2	
BENICAR 20 MG TABLET MO	3	QL (30 per 30 days)
BENICAR 40 MG TABLET MO	3	QL (30 per 30 days)
BENICAR 5 MG TABLET MO	3	QL (30 per 30 days)
BENICAR HCT 20 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
BENICAR HCT 40 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
BENICAR HCT 40 MG-25 MG TABLET MO	3	QL (30 per 30 days)
candesartan cilexetil 16 mg tb MO	3	QL (60 per 30 days)
candesartan cilexetil 32 mg tb MO	3	QL (30 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
candesartan cilexetil 4 mg tab MO	3	QL (60 per 30 days)
candesartan cilexetil 8 mg tab MO	3	QL (60 per 30 days)
candesartan-hctz 16-12.5 mg tb MO	3	QL (30 per 30 days)
candesartan-hctz 32-12.5 mg tb MO	3	QL (30 per 30 days)
candesartan-hctz 32-25 mg tab MO	3	QL (30 per 30 days)
captopril 100 mg tablet MO	2	
captopril 12.5 mg tablet MO	2	
captopril 25 mg tablet MO	2	
captopril 50 mg tablet MO	2	
captopril-hctz 25-15 mg tablet MO	2	
captopril-hctz 25-25 mg tablet MO	2	
captopril-hctz 50-15 mg tablet MO	2	
captopril-hctz 50-25 mg tablet MO	2	
cartia xt 120 mg capsule,extended release MO	3	QL (60 per 30 days)
cartia xt 240 mg capsule,extended release MO	3	QL (60 per 30 days)
cartia xt 300 mg capsule,extended release MO	3	QL (30 per 30 days)
carvedilol 12.5 mg tablet MO	1	
carvedilol 25 mg tablet MO	1	
carvedilol 3.125 mg tablet MO	1	
carvedilol 6.25 mg tablet MO	1	
clonidine hcl 0.1 mg tablet MO	1	
clonidine hcl 0.2 mg tablet MO	1	
clonidine hcl 0.3 mg tablet MO	2	
CRESTOR 10 MG TABLET MO	3	QL (30 per 30 days)
CRESTOR 20 MG TABLET MO	3	QL (30 per 30 days)
CRESTOR 40 MG TABLET MO	3	QL (30 per 30 days)
CRESTOR 5 MG TABLET MO	3	QL (30 per 30 days)
digoxin 125 mcg tablet MO	2	QL (30 per 30 days)
digoxin 250 mcg tablet MO	2	PA
dilt-xr 180 mg capsule, extended release MO	3	QL (60 per 30 days)
diltiazem 120 mg tablet MO	2	
diltiazem 24hr cd 120 mg cap MO	3	QL (60 per 30 days)
diltiazem 24hr er 240 mg cap MO	3	QL (60 per 30 days)
diltiazem 24hr er 300 mg cap MO	3	QL (30 per 30 days)
diltiazem er 180 mg capsule MO	3	QL (60 per 30 days)

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
diltiazem hcl er 360 mg cap MO	3	QL (30 per 30 days)
diltiazem hcl er 420 mg cap MO	3	QL (30 per 30 days)
doxazosin mesylate 1 mg tab MO	2	
doxazosin mesylate 2 mg tab MO	2	
doxazosin mesylate 4 mg tab MO	2	
doxazosin mesylate 8 mg tab MO	2	
enalapril maleate 10 mg tab MO	1	
enalapril-hctz 10-25 mg tablet MO	1	
felodipine er 10 mg tablet MO	3	QL (30 per 30 days)
felodipine er 2.5 mg tablet MO	3	QL (30 per 30 days)
felodipine er 5 mg tablet MO	3	QL (30 per 30 days)
fenofibrate 134 mg capsule MO	3	QL (30 per 30 days)
fenofibrate 145 mg tablet MO	4	QL (30 per 30 days)
fenofibrate 200 mg capsule MO	3	QL (30 per 30 days)
fenofibrate 48 mg tablet MO	4	QL (60 per 30 days)
fenofibrate 54 mg tablet MO	2	QL (60 per 30 days)
fenofibrate 67 mg capsule MO	3	QL (60 per 30 days)
fenofibric acid dr 135 mg cap MO	4	QL (30 per 30 days)
fenofibric acid dr 45 mg cap MO	4	QL (30 per 30 days)
fosinopril sodium 10 mg tab MO	1	
gemfibrozil 600 mg tablet MO	2	QL (60 per 30 days)
hydralazine 10 mg tablet MO	1	
hydralazine 100 mg tablet MO	2	
hydralazine 25 mg tablet MO	1	
hydralazine 50 mg tablet MO	2	
irbesartan 150 mg tablet MO	2	QL (30 per 30 days)
irbesartan 300 mg tablet MO	2	QL (30 per 30 days)
irbesartan 75 mg tablet MO	2	QL (30 per 30 days)
irbesartan-hctz 150-12.5 mg tb MO	2	QL (30 per 30 days)
irbesartan-hctz 300-12.5 mg tb MO	2	QL (30 per 30 days)
labetalol hcl 100 mg tablet MO	2	
labetalol hcl 200 mg tablet MO	2	
labetalol hcl 300 mg tablet MO	2	
lisinopril 10 mg tablet MO	1	
lisinopril 20 mg tablet MO	1	

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lisinopril 30 mg tablet MO	2	
lisinopril 40 mg tablet MO	2	
lisinopril-hctz 10-12.5 mg tab MO	1	
lisinopril-hctz 20-12.5 mg tab MO	1	
lisinopril-hctz 20-25 mg tab MO	1	
losartan potassium 100 mg tab MO	1	QL (60 per 30 days)
losartan potassium 25 mg tab MO	1	QL (60 per 30 days)
losartan potassium 50 mg tab MO	1	QL (60 per 30 days)
losartan-hctz 100-12.5 mg tab MO	2	QL (60 per 30 days)
losartan-hctz 100-25 mg tab MO	2	QL (60 per 30 days)
losartan-hctz 50-12.5 mg tab MO	2	QL (60 per 30 days)
lovastatin 10 mg tablet MO	1	QL (60 per 30 days)
lovastatin 20 mg tablet MO	1	QL (60 per 30 days)
lovastatin 40 mg tablet MO	2	QL (60 per 30 days)
metoprolol succ er 100 mg tab MO	3	QL (60 per 30 days)
metoprolol succ er 200 mg tab MO	3	QL (60 per 30 days)
metoprolol succ er 25 mg tab MO	3	QL (60 per 30 days)
metoprolol succ er 50 mg tab MO	3	QL (60 per 30 days)
metoprolol tartrate 100 mg tab MO	1	
metoprolol tartrate 25 mg tab MO	1	
metoprolol tartrate 50 mg tab MO	1	
metoprolol-hctz 100-25 mg tab MO	3	
metoprolol-hctz 100-50 mg tab MO	3	
metoprolol-hctz 50-25 mg tab MO	3	
minoxidil 10 mg tablet MO	2	
minoxidil 2.5 mg tablet MO	2	
nifedipine er 30 mg tablet MO	3	QL (60 per 30 days)
nitroglycerin 0.2 mg/hr patch MO	2	QL (30 per 30 days)
nitroglycerin 0.4 mg/hr patch MO	2	QL (60 per 30 days)
nitroglycerin 0.6 mg/hr patch MO	2	QL (30 per 30 days)
omega-3 ethyl esters 1 gm cap MO	3	QL (120 per 30 days)
PACERONE 100 MG TABLET MO	4	
pacerone 200 mg tablet MO	4	
PACERONE 400 MG TABLET MO	4	
pravastatin sodium 10 mg tab MO	2	QL (30 per 30 days)

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
pravastatin sodium 20 mg tab MO	2	QL (30 per 30 days)
pravastatin sodium 40 mg tab MO	2	QL (60 per 30 days)
pravastatin sodium 80 mg tab MO	2	QL (30 per 30 days)
propafenone hcl er 225 mg cap MO	4	
propafenone hcl er 325 mg cap MO	4	
propafenone hcl er 425 mg cap MO	4	
propranolol 40 mg tablet MO	1	
propranolol 60 mg tablet MO	2	
propranolol 80 mg tablet MO	1	
ramipril 1.25 mg capsule MO	2	
ramipril 10 mg capsule MO	2	
ramipril 2.5 mg capsule MO	2	
ramipril 5 mg capsule MO	2	
RANEXA 1,000 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (120 per 30 days)
RANEXA 500 MG TABLET,EXTENDED RELEASE MO	4	ST,QL (120 per 30 days)
sildenafil 20 mg tablet SP	3	PA,QL (90 per 30 days)
simvastatin 10 mg tablet MO	2	QL (30 per 30 days)
simvastatin 20 mg tablet MO	2	QL (30 per 30 days)
simvastatin 40 mg tablet MO	2	QL (30 per 30 days)
simvastatin 5 mg tablet MO	2	QL (30 per 30 days)
simvastatin 80 mg tablet MO	2	QL (30 per 30 days)
sotalol 160 mg tablet MO	2	
sotalol 240 mg tablet MO	2	
sotalol 80 mg tablet MO	1	
spironolactone 100 mg tablet MO	2	
spironolactone 25 mg tablet MO	1	
spironolactone 50 mg tablet MO	2	
TEKTURNA 150 MG TABLET MO	3	QL (30 per 30 days)
TEKTURNA 300 MG TABLET MO	3	QL (30 per 30 days)
timolol maleate 10 mg tablet MO	2	
timolol maleate 20 mg tablet MO	2	
timolol maleate 5 mg tablet MO	2	
TRIBENZOR 20 MG-5 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
TRIBENZOR 40 MG-10 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
TRIBENZOR 40 MG-10 MG-25 MG TABLET MO	3	QL (30 per 30 days)

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
TRIBENZOR 40 MG-5 MG-12.5 MG TABLET MO	3	QL (30 per 30 days)
TRIBENZOR 40 MG-5 MG-25 MG TABLET MO	3	QL (30 per 30 days)
valsartan-hctz 160-12.5 mg tab MO	2	QL (30 per 30 days)
valsartan-hctz 160-25 mg tab MO	2	QL (30 per 30 days)
valsartan-hctz 320-12.5 mg tab MO	2	QL (30 per 30 days)
valsartan-hctz 320-25 mg tab MO	2	QL (30 per 30 days)
valsartan-hctz 80-12.5 mg tab MO	2	QL (30 per 30 days)
verapamil 120 mg tablet MO	1	
verapamil 80 mg tablet MO	1	
ZETIA 10 MG TABLET MO	3	QL (30 per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY 10 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 15 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 2 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 20 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 30 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY 5 MG TABLET MO	4	QL (30 per 30 days)
ABILIFY DISCMELT 10 MG TABLET MO	4	QL (60 per 30 days)
ABILIFY DISCMELT 15 MG TABLET MO	4	QL (60 per 30 days)
acetaminophen-cod #2 tablet MO	3	QL (390 per 30 days)
alprazolam 0.25 mg tablet MO	4	QL (120 per 30 days)
alprazolam 0.5 mg tablet MO	4	QL (120 per 30 days)
alprazolam 1 mg tablet MO	4	QL (240 per 30 days)
alprazolam 2 mg tablet MO	4	QL (150 per 30 days)
amantadine 100 mg tablet MO	3	
amitriptyline hcl 10 mg tab MO	1	PA
amitriptyline hcl 100 mg tab MO	1	PA
amitriptyline hcl 25 mg tab MO	1	PA
amitriptyline hcl 50 mg tab MO	1	PA
amoxapine 100 mg tablet MO	3	
amoxapine 150 mg tablet MO	3	
amoxapine 25 mg tablet MO	3	
amoxapine 50 mg tablet MO	3	
budeprion sr 100 mg tablet MO	3	QL (120 per 30 days)
budeprion sr 150 mg tablet MO	3	QL (90 per 30 days)

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
bupropion hcl sr 150 mg tablet MO	3	QL (90 per 30 days)
bupropion hcl sr 200 mg tab MO	3	QL (60 per 30 days)
bupropion hcl xl 150 mg tablet MO	3	QL (90 per 30 days)
bupropion hcl xl 300 mg tablet MO	3	QL (90 per 30 days)
buspirone hcl 15 mg tablet MO	2	
buspirone hcl 7.5 mg tablet MO	2	
BUTISOL 30 MG TABLET MO	4	PA
BUTISOL SODIUM 50 MG TABLET MO	4	PA
carbamazepine 100 mg tab chew MO	2	
carbamazepine 200 mg tablet MO	2	
carbamazepine xr 200 mg tablet MO	4	
carbamazepine xr 400 mg tablet MO	4	
carbidopa-levo 10-100 mg odt MO	3	
carbidopa-levo 25-100 mg odt MO	3	
carbidopa-levo 25-250 mg odt MO	3	
carbidopa-levo er 25-100 tab MO	3	
carbidopa-levo er 50-200 tab MO	3	
carbidopa-levodopa 10-100 tab MO	3	
carbidopa-levodopa 25-100 tab MO	3	
carbidopa-levodopa 25-250 tab MO	3	
citalopram hbr 10 mg tablet MO	2	QL (30 per 30 days)
citalopram hbr 20 mg tablet MO	1	QL (60 per 30 days)
citalopram hbr 40 mg tablet MO	1	QL (30 per 30 days)
clonazepam 0.125 mg dis tab MO	4	
clonazepam 0.25 mg odt MO	4	
clonazepam 0.5 mg dis tablet MO	4	
clonazepam 0.5 mg tablet MO	4	
clonazepam 1 mg dis tablet MO	4	
clonazepam 1 mg tablet MO	4	
clonazepam 2 mg odt MO	4	
clonazepam 2 mg tablet MO	4	
clorazepate 15 mg tablet MO	4	
clorazepate 3.75 mg tablet MO	4	
clorazepate 7.5 mg tablet MO	4	
clozapine 100 mg tablet MO	3	

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
clozapine 200 mg tablet MO	3	
clozapine 25 mg tablet MO	3	
clozapine 50 mg tablet MO	3	
desipramine 10 mg tablet MO	4	
desipramine 100 mg tablet MO	4	
desipramine 25 mg tablet MO	4	
desipramine 50 mg tablet MO	4	
desipramine 75 mg tablet MO	4	
dextroamp-amphet er 10 mg cap MO	4	QL (30 per 30 days)
dextroamp-amphet er 15 mg cap MO	4	QL (30 per 30 days)
dextroamp-amphet er 20 mg cap MO	4	QL (60 per 30 days)
dextroamp-amphet er 25 mg cap MO	4	QL (60 per 30 days)
dextroamp-amphet er 30 mg cap MO	4	QL (60 per 30 days)
dextroamp-amphet er 5 mg cap MO	4	QL (30 per 30 days)
diazepam 10 mg tablet MO	4	QL (120 per 30 days)
diazepam 2 mg tablet MO	4	QL (90 per 30 days)
diazepam 5 mg tablet MO	4	QL (90 per 30 days)
duloxetine hcl dr 20 mg cap MO	3	QL (60 per 30 days)
duloxetine hcl dr 30 mg cap MO	3	QL (60 per 30 days)
duloxetine hcl dr 60 mg cap MO	3	QL (60 per 30 days)
endocet 10 mg-325 mg tablet MO	3	QL (360 per 30 days)
endocet 5 mg-325 mg tablet MO	3	QL (360 per 30 days)
endocet 7.5 mg-325 mg tablet MO	3	QL (360 per 30 days)
entacapone 200 mg tablet MO	4	QL (300 per 30 days)
escitalopram 10 mg tablet MO	2	QL (45 per 30 days)
escitalopram 20 mg tablet MO	2	QL (30 per 30 days)
escitalopram 5 mg tablet MO	2	QL (30 per 30 days)
escitalopram oxalate 5 mg/5 ml MO	4	QL (600 per 30 days)
fentanyl 100 mcg/hr patch MO	4	QL (20 per 30 days)
fluoxetine hcl 10 mg capsule MO	1	QL (60 per 30 days)
fluoxetine hcl 20 mg capsule MO	1	QL (120 per 30 days)
fluoxetine hcl 40 mg capsule MO	1	QL (60 per 30 days)
fluoxetine hcl 60 mg tablet MO	4	QL (30 per 30 days)
gabapentin 300 mg capsule MO	2	QL (270 per 30 days)
gabapentin 400 mg capsule MO	2	QL (270 per 30 days)

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
gabapentin 600 mg tablet MO	2	QL (180 per 30 days)
gabapentin 800 mg tablet MO	2	QL (180 per 30 days)
haloperidol 1 mg tablet MO	1	
haloperidol 2 mg tablet MO	1	
hydrocodon-acetaminoph 7.5-325 MO	3	QL (360 per 30 days)
hydrocodon-acetaminophen 5-325 MO	3	QL (360 per 30 days)
hydrocodon-acetaminophn 10-325 MO	3	QL (360 per 30 days)
ibuprofen 600 mg tablet MO	1	
ibuprofen 800 mg tablet MO	1	
INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE MO	5	QL (2 per 30 days)
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE MO	5	QL (2 per 30 days)
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE MO	5	QL (2 per 30 days)
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE MO	4	QL (2 per 30 days)
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE MO	4	QL (2 per 30 days)
lamotrigine 100 mg tablet MO	2	
lamotrigine 150 mg tablet MO	2	
lamotrigine 200 mg tablet MO	2	
lamotrigine 25 mg disper tab MO	2	
lamotrigine 25 mg tablet MO	2	
lamotrigine 5 mg disper tablet MO	2	
lamotrigine er 100 mg tablet MO	4	
lamotrigine er 200 mg tablet MO	4	
lamotrigine er 25 mg tablet MO	4	
lamotrigine er 250 mg tablet MO	4	
lamotrigine er 300 mg tablet MO	4	
lamotrigine er 50 mg tablet MO	4	
LATUDA 20 MG TABLET MO	4	PA,QL (30 per 30 days)
LATUDA 40 MG TABLET MO	4	PA,QL (30 per 30 days)
LATUDA 80 MG TABLET MO	4	PA,QL (60 per 30 days)
levetiracetam 1,000 mg tablet MO	2	
levetiracetam 250 mg tablet MO	2	
levetiracetam 500 mg tablet MO	2	
levetiracetam 750 mg tablet MO	2	
lithium carbonate 150 mg cap MO	2	
lithium carbonate er 300 mg tb MO	2	

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
lorazepam 0.5 mg tablet MO	2	QL (90 per 30 days)
lorazepam 1 mg tablet MO	2	QL (90 per 30 days)
lorazepam 2 mg tablet MO	2	QL (150 per 30 days)
LYRICA 100 MG CAPSULE MO	4	QL (90 per 30 days)
LYRICA 150 MG CAPSULE MO	4	QL (90 per 30 days)
LYRICA 20 MG/ML ORAL SOLUTION MO	4	QL (900 per 30 days)
LYRICA 200 MG CAPSULE MO	4	QL (90 per 30 days)
LYRICA 225 MG CAPSULE MO	4	QL (60 per 30 days)
LYRICA 25 MG CAPSULE MO	4	QL (90 per 30 days)
LYRICA 300 MG CAPSULE MO	4	QL (60 per 30 days)
LYRICA 50 MG CAPSULE MO	4	QL (90 per 30 days)
LYRICA 75 MG CAPSULE MO	4	QL (90 per 30 days)
meloxicam 15 mg tablet MO	1	QL (30 per 30 days)
meloxicam 7.5 mg tablet MO	1	QL (60 per 30 days)
methylphenidate er 27 mg tab MO	4	QL (30 per 30 days)
mirtazapine 15 mg odt MO	4	QL (30 per 30 days)
mirtazapine 15 mg tablet MO	2	QL (30 per 30 days)
mirtazapine 30 mg odt MO	4	QL (30 per 30 days)
mirtazapine 30 mg tablet MO	2	QL (30 per 30 days)
mirtazapine 45 mg odt MO	4	QL (30 per 30 days)
mirtazapine 45 mg tablet MO	2	QL (30 per 30 days)
mirtazapine 7.5 mg tablet MO	2	
modafinil 100 mg tablet MO	4	PA,QL (60 per 30 days)
modafinil 200 mg tablet MO	4	PA,QL (60 per 30 days)
morphine sulf er 100 mg tablet MO	3	QL (180 per 30 days)
morphine sulf er 30 mg tablet MO	3	QL (120 per 30 days)
NAMENDA 10 MG TABLET MO	3	PA,QL (60 per 30 days)
NAMENDA 10 MG/5 ML ORAL SOLUTION MO	3	PA,QL (360 per 30 days)
NAMENDA 5 MG TABLET MO	3	PA,QL (60 per 30 days)
NAMENDA TITRATION PAK 5 MG-10 MG TABLETS IN A DOSE PACK MO	3	PA,QL (98 per 30 days)
NAMENDA XR 14 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
NAMENDA XR 21 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
NAMENDA XR 28 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
NAMENDA XR 7 MG CAPSULE SPRINKLE,EXTENDED RELEASE MO	3	PA,QL (30 per 30 days)
naproxen 250 mg tablet MO	2	

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
naproxen 375 mg tablet MO	1	
naproxen 500 mg tablet MO	1	
naratriptan hcl 1 mg tablet MO	4	QL (9 per 30 days)
naratriptan hcl 2.5 mg tablet MO	4	QL (9 per 30 days)
NEUPRO 1 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
NEUPRO 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
NEUPRO 3 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
NEUPRO 4 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
NEUPRO 6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
NEUPRO 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH MO	4	QL (30 per 30 days)
nortriptyline hcl 75 mg cap MO	2	
NUVIGIL 150 MG TABLET MO	4	PA,QL (30 per 30 days)
NUVIGIL 250 MG TABLET MO	4	PA,QL (30 per 30 days)
NUVIGIL 50 MG TABLET MO	4	PA,QL (60 per 30 days)
olanzapine 10 mg tablet MO	3	QL (30 per 30 days)
olanzapine 10 mg vial MO	3	QL (60 per 30 days)
olanzapine 15 mg tablet MO	3	QL (60 per 30 days)
olanzapine 2.5 mg tablet MO	3	QL (30 per 30 days)
olanzapine 20 mg tablet MO	3	QL (60 per 30 days)
olanzapine 5 mg tablet MO	3	QL (30 per 30 days)
olanzapine 7.5 mg tablet MO	3	QL (30 per 30 days)
olanzapine odt 10 mg tablet MO	4	QL (30 per 30 days)
olanzapine odt 15 mg tablet MO	4	QL (60 per 30 days)
olanzapine odt 20 mg tablet MO	4	QL (60 per 30 days)
olanzapine odt 5 mg tablet MO	4	QL (30 per 30 days)
ONFI 10 MG TABLET MO	4	PA,QL (60 per 30 days)
ONFI 20 MG TABLET MO	4	PA,QL (60 per 30 days)
oxazepam 10 mg capsule MO	4	
oxazepam 15 mg capsule MO	4	
oxazepam 30 mg capsule MO	4	
oxycodone hcl 10 mg tablet MO	3	QL (360 per 30 days)
oxycodone hcl 20 mg tablet MO	3	QL (360 per 30 days)
phenobarbital 100 mg tablet MO	3	PA,QL (90 per 30 days)
phenobarbital 15 mg tablet MO	3	PA,QL (120 per 30 days)
phenobarbital 16.2 mg tablet MO	3	PA,QL (90 per 30 days)

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
phenobarbital 20 mg/5 ml elix MO	3	PA,QL (1500 per 30 days)
phenobarbital 30 mg tablet MO	3	PA,QL (300 per 30 days)
phenobarbital 32.4 mg tablet MO	3	PA,QL (90 per 30 days)
phenobarbital 60 mg tablet MO	3	PA,QL (120 per 30 days)
phenobarbital 64.8 mg tablet MO	3	PA,QL (90 per 30 days)
phenobarbital 97.2 mg tablet MO	3	PA,QL (90 per 30 days)
PHENYTEK 200 MG CAPSULE MO	3	
PHENYTEK 300 MG CAPSULE MO	3	
phenytoin 50 mg tablet chew MO	3	
phenytoin sod ext 100 mg cap MO	2	
phenytoin sod ext 200 mg cap MO	2	
phenytoin sod ext 300 mg cap MO	2	
POTIGA 200 MG TABLET MO	4	PA
POTIGA 300 MG TABLET MO	4	PA
POTIGA 400 MG TABLET MO	4	PA
POTIGA 50 MG TABLET MO	4	PA
pramipexole 0.125 mg tablet MO	2	
pramipexole 0.25 mg tablet MO	2	
pramipexole 0.5 mg tablet MO	2	
pramipexole 0.75 mg tablet MO	2	
pramipexole 1 mg tablet MO	2	
pramipexole 1.5 mg tablet MO	2	
PRISTIQ 100 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
PRISTIQ 50 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
quetiapine fumarate 100 mg tab MO	2	QL (90 per 30 days)
quetiapine fumarate 200 mg tab MO	2	QL (120 per 30 days)
quetiapine fumarate 25 mg tab MO	2	QL (120 per 30 days)
quetiapine fumarate 300 mg tab MO	2	QL (90 per 30 days)
quetiapine fumarate 400 mg tab MO	2	QL (90 per 30 days)
quetiapine fumarate 50 mg tab MO	2	QL (120 per 30 days)
RISPERDAL CONSTA 12.5 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	QL (2 per 28 days)
RISPERDAL CONSTA 25 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	QL (2 per 28 days)
RISPERDAL CONSTA 37.5 MG/2 ML INTRAMUSCULAR SYRINGE MO	4	QL (4 per 28 days)
RISPERDAL CONSTA 50 MG/2 ML INTRAMUSCULAR SYRINGE MO	5	QL (4 per 28 days)
risperidone 0.25 mg odt MO	4	QL (60 per 30 days)

Need more information about the indicators displayed by the drug names? Please go to page 9.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
risperidone 0.25 mg tablet MO	2	QL (60 per 30 days)
risperidone 0.5 mg odt MO	4	QL (120 per 30 days)
risperidone 0.5 mg tablet MO	2	QL (120 per 30 days)
risperidone 1 mg tablet MO	2	QL (60 per 30 days)
risperidone 2 mg odt MO	4	QL (60 per 30 days)
risperidone 2 mg tablet MO	2	QL (60 per 30 days)
risperidone 3 mg odt MO	4	QL (60 per 30 days)
risperidone 3 mg tablet MO	2	QL (60 per 30 days)
risperidone 4 mg odt MO	4	QL (60 per 30 days)
risperidone 4 mg tablet MO	2	QL (60 per 30 days)
rizatriptan 10 mg odt MO	4	QL (12 per 30 days)
rizatriptan 10 mg tablet MO	4	QL (12 per 30 days)
rizatriptan 5 mg odt MO	4	QL (12 per 30 days)
rizatriptan 5 mg tablet MO	4	QL (12 per 30 days)
ropinirole hcl 0.25 mg tablet MO	2	
ropinirole hcl 0.5 mg tablet MO	2	
ropinirole hcl 1 mg tablet MO	2	
ropinirole hcl 2 mg tablet MO	2	
ropinirole hcl 3 mg tablet MO	2	
ropinirole hcl 4 mg tablet MO	2	
ropinirole hcl 5 mg tablet MO	2	
ropinirole hcl er 12 mg tablet MO	4	QL (90 per 30 days)
ropinirole hcl er 2 mg tablet MO	4	QL (90 per 30 days)
ropinirole hcl er 4 mg tablet MO	4	QL (90 per 30 days)
ropinirole hcl er 6 mg tablet MO	4	QL (90 per 30 days)
ropinirole hcl er 8 mg tablet MO	4	QL (90 per 30 days)
SAVELLA 100 MG TABLET MO	3	QL (60 per 30 days)
SAVELLA 12.5 MG TABLET MO	3	QL (60 per 30 days)
SAVELLA 25 MG TABLET MO	3	QL (60 per 30 days)
SAVELLA 50 MG TABLET MO	3	QL (60 per 30 days)
SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE MO	3	QL (90 per 30 days)
SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE MO	3	QL (120 per 30 days)

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
sertraline hcl 100 mg tablet MO	2	QL (60 per 30 days)
sertraline hcl 25 mg tablet MO	2	QL (90 per 30 days)
sertraline hcl 50 mg tablet MO	2	QL (90 per 30 days)
SUBOXONE 2 MG-0.5 MG SUBLINGUAL FILM MO	4	PA,QL (90 per 30 days)
SUBOXONE 8 MG-2 MG SUBLINGUAL FILM MO	4	PA,QL (90 per 30 days)
sumatriptan 6 mg/0.5 ml vial MO	4	QL (6 per 30 days)
sumatriptan succ 100 mg tablet MO	2	QL (9 per 30 days)
sumatriptan succ 25 mg tablet MO	2	QL (9 per 30 days)
sumatriptan succ 50 mg tablet MO	2	QL (9 per 30 days)
temazepam 15 mg capsule MO	4	QL (30 per 30 days)
temazepam 30 mg capsule MO	4	QL (30 per 30 days)
tiagabine hcl 2 mg tablet MO	4	
tiagabine hcl 4 mg tablet MO	4	
topiramate 100 mg tablet MO	2	QL (120 per 30 days)
topiramate 15 mg sprinkle cap MO	2	
topiramate 200 mg tablet MO	2	QL (120 per 30 days)
topiramate 25 mg sprinkle cap MO	2	
topiramate 25 mg tablet MO	2	QL (90 per 30 days)
topiramate 50 mg tablet MO	2	QL (120 per 30 days)
tramadol hcl 50 mg tablet MO	2	QL (240 per 30 days)
trazodone 150 mg tablet MO	1	
trazodone 300 mg tablet MO	2	
venlafaxine hcl 100 mg tablet MO	3	
venlafaxine hcl 25 mg tablet MO	3	
venlafaxine hcl 37.5 mg tablet MO	3	
venlafaxine hcl 50 mg tablet MO	3	
venlafaxine hcl 75 mg tablet MO	3	
venlafaxine hcl er 150 mg cap MO	2	QL (60 per 30 days)
venlafaxine hcl er 150 mg tab MO	4	QL (30 per 30 days)
venlafaxine hcl er 225 mg tab MO	4	QL (30 per 30 days)
venlafaxine hcl er 37.5 mg cap MO	2	QL (30 per 30 days)
venlafaxine hcl er 75 mg cap MO	2	QL (90 per 30 days)
venlafaxine hcl er 75 mg tab MO	4	QL (60 per 30 days)
VIIBRYD 10-20-40 MG STARTER PK MO	4	PA,QL (30 per 30 days)
VIMPAT 10 MG/ML ORAL SOLUTION MO	4	PA,QL (1395 per 30 days)

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
VOLTAREN 1 % TOPICAL GEL MO	4	
ziprasidone hcl 20 mg capsule MO	4	QL (60 per 30 days)
ziprasidone hcl 40 mg capsule MO	4	QL (60 per 30 days)
ziprasidone hcl 60 mg capsule MO	4	QL (60 per 30 days)
ziprasidone hcl 80 mg capsule MO	4	QL (60 per 30 days)
zolpidem tartrate 10 mg tablet MO	2	QL (90 per 365 days)
zolpidem tartrate 5 mg tablet MO	2	QL (90 per 365 days)
zonisamide 100 mg capsule MO	2	
zonisamide 25 mg capsule MO	2	
zonisamide 50 mg capsule MO	2	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
bumetanide 1 mg tablet MO	1	
bumetanide 2 mg tablet MO	2	
chlorothiazide 250 mg tablet MO	2	
chlorothiazide 500 mg tablet MO	2	
furosemide 20 mg tablet MO	1	
furosemide 40 mg tablet MO	1	
furosemide 80 mg tablet MO	1	
hydrochlorothiazide 25 mg tab MO	1	
KLOR-CON 10 MEQ TABLET,EXTENDED RELEASE MO	2	
KLOR-CON 8 MEQ TABLET,EXTENDED RELEASE MO	2	
KLOR-CON M15 MEQ TABLET,EXTENDED RELEASE MO	2	
klor-con m20 meq tablet,extended release MO	2	
potassium citrate er 10 meq tb MO	3	
potassium citrate er 5 meq tab MO	3	
potassium cl er 20 meq tablet MO	2	
potassium cl er 8 meq capsule MO	2	
RENVELA 0.8 GRAM ORAL POWDER PACKET MO	3	QL (540 per 30 days)
RENVELA 2.4 GRAM ORAL POWDER PACKET MO	3	QL (180 per 30 days)
RENVELA 800 MG TABLET MO	3	QL (540 per 30 days)
sodium lactate 5 meq/ml vial MO	2	
torsemide 10 mg tablet MO	2	
torsemide 100 mg tablet MO	2	
torsemide 20 mg tablet MO	2	
torsemide 5 mg tablet MO	2	

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
triamterene-hctz 37.5-25 mg cp MO	1	
triamterene-hctz 37.5-25 mg tb MO	1	
triamterene-hctz 75-50 mg tab MO	1	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
acetazolamide 250 mg tablet MO	2	
AZOPT 1 % EYE DROPS,SUSPENSION MO	3	
dorzolamide hcl 2% eye drops MO	2	QL (10 per 30 days)
dorzolamide-timolol eye drops MO	2	QL (10 per 30 days)
ILEVRO 0.3 % EYE DROPS,SUSPENSION MO	3	
LUMIGAN 0.01 % EYE DROPS MO	3	QL (3 per 25 days)
NEVANAC 0.1 % EYE DROPS,SUSPENSION MO	4	
PATADAY 0.2 % EYE DROPS MO	3	
RESTASIS 0.05 % EYE DROPS IN A DROPPERETTE MO	4	QL (60 per 30 days)
timolol 0.25% eye drops MO	1	
timolol 0.25% gel-solution MO	3	
timolol 0.5% eye drops MO	1	
timolol 0.5% gel-solution MO	3	
TRAVATAN Z 0.004 % EYE DROPS MO	3	QL (3 per 25 days)
GASTROINTESTINAL DRUGS		
cimetidine 300 mg tablet MO	2	
cimetidine 400 mg tablet MO	2	
cimetidine 800 mg tablet MO	1	
CREON 3,000-9,500-15,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
DEXILANT 30 MG CAPSULE, DELAYED RELEASE MO	4	QL (30 per 30 days)
DEXILANT 60 MG CAPSULE, DELAYED RELEASE MO	4	QL (30 per 30 days)
famotidine 20 mg tablet MO	1	
famotidine 40 mg tablet MO	2	
GOLYTELY 227.1 GRAM-21.5 GRAM-6.36 GRAM ORAL POWDER PACKET MO	3	
GOLYTELY 236 GRAM-22.74 GRAM-6.74 GRAM-5.86 GRAM ORAL SOLUTION MO	3	
lansoprazole dr 30 mg capsule MO	3	QL (30 per 30 days)
LINZESS 145 MCG CAPSULE MO	3	QL (30 per 30 days)
LINZESS 290 MCG CAPSULE MO	3	QL (30 per 30 days)
metoclopramide 10 mg tablet MO	2	
metoclopramide 5 mg tablet MO	2	

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
misoprostol 100 mcg tablet MO	3	
NEXIUM 20 MG CAPSULE,DELAYED RELEASE MO	3	QL (30 per 30 days)
NEXIUM 40 MG CAPSULE,DELAYED RELEASE MO	3	QL (30 per 30 days)
NULYTELY WITH FLAVOR PACKS 420 GRAM ORAL SOLUTION MO	3	
omeprazole dr 20 mg capsule MO	2	QL (60 per 30 days)
omeprazole dr 40 mg capsule MO	2	QL (30 per 30 days)
pantoprazole sod dr 20 mg tab MO	2	QL (60 per 30 days)
pantoprazole sod dr 40 mg tab MO	2	QL (60 per 30 days)
prochlorperazine 25 mg supp MO	4	
ranitidine 150 mg capsule MO	3	
ranitidine 150 mg tablet MO	1	
ranitidine 300 mg capsule MO	3	
ranitidine 300 mg tablet MO	1	
SUPREP BOWEL PREP KIT 17.5 GRAM-3.13 GRAM-1.6 GRAM ORAL SOLUTION MO	3	
ZENPEP 10,000-34,000-55,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
ZENPEP 15,000-51,000-82,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
ZENPEP 20,000-68,000-109,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
ZENPEP 5,000-17,000-27,000 UNIT CAPSULE,DELAYED RELEASE MO	3	
HORMONES AND SYNTHETIC SUBSTITUTES		
acarbose 100 mg tablet MO	4	
acarbose 50 mg tablet MO	4	
ANDROGEL 1 % (50 MG/5 GRAM) TRANSDERMAL GEL PACKET MO	3	QL (300 per 30 days)
ANDROGEL 20.25 MG/1.25 GRAM (1.62 %) TRANSDERMAL GEL PUMP MO	3	QL (176 per 30 days)
AVANDIA 2 MG TABLET MO	4	QL (60 per 30 days)
AVANDIA 4 MG TABLET MO	4	QL (60 per 30 days)
AVANDIA 8 MG TABLET MO	4	QL (30 per 30 days)
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION MO	3	QL (4 per 28 days)
calcitonin-salmon 200 units sp MO	3	QL (4 per 28 days)
danazol 100 mg capsule MO	4	
danazol 50 mg capsule MO	4	
desmopressin acetate 0.1 mg tb MO	3	
desmopressin acetate 0.2 mg tb MO	3	
dexamethasone 1 mg tablet MO	2	
dexamethasone 1.5 mg tablet MO	2	
dexamethasone 2 mg tablet MO	2	

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
dexamethasone 4 mg tablet MO	1	
dexamethasone 6 mg tablet MO	2	
FORTEO 20 MCG/DOSE (600 MCG/2.4 ML) SUBCUTANEOUS PEN INJECTOR SP	4	ST,QL (2 per 28 days)
FORTICAL 200 UNIT/ACTUATION NASAL SPRAY MO	4	QL (4 per 28 days)
glimepiride 1 mg tablet MO	1	
glimepiride 2 mg tablet MO	1	
glimepiride 4 mg tablet MO	1	
glipizide 10 mg tablet MO	1	
glipizide er 2.5 mg tablet MO	2	
glipizide-metformin 2.5-250 mg MO	3	
glipizide-metformin 2.5-500 mg MO	3	
glipizide-metformin 5-500 mg MO	3	
glyburid-metformin 1.25-250 mg MO	2	PA
glyburide 2.5 mg tablet MO	1	PA
glyburide micro 1.5 mg tab MO	2	PA
glyburide micro 3 mg tablet MO	1	PA
glyburide micro 6 mg tablet MO	1	PA
glyburide-metformin 2.5-500 mg MO	2	PA
glyburide-metformin 5-500 mg MO	2	PA
HUMALOG 100 UNIT/ML SUBCUTANEOUS CARTRIDGE MO	3	
HUMALOG 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
HUMALOG MIX 50-50 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
HUMALOG MIX 50-50 KWIKPEN 100 UNIT/ML SUBCUTANEOUS PEN MO	3	
HUMALOG MIX 75-25 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
HUMALOG MIX 75-25 KWIKPEN 100 UNIT/ML SUBCUTANEOUS INSULIN PEN MO	3	
HUMULIN 70-30 PEN MO	3	
HUMULIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
HUMULIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
HUMULIN N 100 UNITS/ML PEN MO	3	
HUMULIN R 100 UNIT/ML INJECTION SOLUTION MO	3	
HUMULIN R U-500 (CONCENTRATED) INSULIN 500 UNIT/ML SUBCUTANEOUS SOLN MO	3	
INVOKANA 100 MG TABLET MO	3	QL (30 per 30 days)
INVOKANA 300 MG TABLET MO	3	QL (30 per 30 days)

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
JANUMET 50 MG-1,000 MG TABLET MO	3	QL (60 per 30 days)
JANUMET 50 MG-500 MG TABLET MO	3	QL (60 per 30 days)
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE MO	3	QL (60 per 30 days)
JANUVIA 100 MG TABLET MO	3	QL (30 per 30 days)
JANUVIA 25 MG TABLET MO	3	QL (30 per 30 days)
JANUVIA 50 MG TABLET MO	3	QL (30 per 30 days)
JENTADUETO 2.5 MG-1,000 MG TABLET MO	3	QL (60 per 30 days)
JENTADUETO 2.5 MG-500 MG TABLET MO	3	QL (60 per 30 days)
JENTADUETO 2.5 MG-850 MG TABLET MO	3	QL (60 per 30 days)
KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	4	QL (60 per 30 days)
KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE MO	4	QL (30 per 30 days)
LANTUS 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
LEVEMIR 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
LEVEMIR FLEXPEN 100 UNITS/ML MO	3	
levothyroxine 112 mcg tablet MO	1	
levothyroxine 88 mcg tablet MO	1	
LEVOXYL 100 MCG TABLET MO	3	
LEVOXYL 112 MCG TABLET MO	3	
LEVOXYL 125 MCG TABLET MO	3	
LEVOXYL 137 MCG TABLET MO	3	
LEVOXYL 150 MCG TABLET MO	3	
LEVOXYL 175 MCG TABLET MO	3	
LEVOXYL 200 MCG TABLET MO	3	
LEVOXYL 25 MCG TABLET MO	3	
LEVOXYL 50 MCG TABLET MO	3	
LEVOXYL 75 MCG TABLET MO	3	
LEVOXYL 88 MCG TABLET MO	3	
metformin hcl 1,000 mg tablet MO	1	
metformin hcl 500 mg tablet MO	1	
metformin hcl 850 mg tablet MO	1	
metformin hcl er 500 mg tablet MO	1	QL (120 per 30 days)
metformin hcl er 750 mg tablet MO	2	QL (60 per 30 days)

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
nateglinide 120 mg tablet MO	3	
nateglinide 60 mg tablet MO	3	
NOVOLIN 70/30 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
NOVOLIN N 100 UNIT/ML SUBCUTANEOUS SUSPENSION MO	3	
NOVOLIN R 100 UNIT/ML INJECTION SOLUTION MO	3	
NOVOLOG 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
NOVOLOG FLEXPEN 100 UNIT/ML SUBCUTANEOUS MO	3	
NOVOLOG MIX 70-30 100 UNIT/ML SUBCUTANEOUS SOLUTION MO	3	
NOVOLOG MIX 70-30 FLEXPEN 100 UNIT/ML SUBCUTANEOUS PEN MO	3	
ONGLYZA 2.5 MG TABLET MO	4	QL (30 per 30 days)
ONGLYZA 5 MG TABLET MO	4	QL (30 per 30 days)
pioglitazone hcl 15 mg tablet MO	2	QL (30 per 30 days)
pioglitazone hcl 30 mg tablet MO	2	QL (30 per 30 days)
pioglitazone hcl 45 mg tablet MO	2	QL (30 per 30 days)
pioglitazone-glimepiride 30-2 MO	4	QL (30 per 30 days)
pioglitazone-glimepiride 30-4 MO	4	QL (30 per 30 days)
pioglitazone-metformin 15-500 MO	4	QL (90 per 30 days)
pioglitazone-metformin 15-850 MO	4	QL (90 per 30 days)
prednisone 1 mg tablet MO	2	B vs D
prednisone 10 mg tablet MO	2	B vs D
prednisone 2.5 mg tablet MO	1	B vs D
PREMARIN 0.625 MG/GRAM VAGINAL CREAM MO	3	
TRADJENTA 5 MG TABLET MO	3	QL (30 per 30 days)
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR MO	3	QL (9 per 30 days)
MISCELLANEOUS THERAPEUTIC AGENTS		
alendronate sodium 10 mg tab MO	2	QL (30 per 30 days)
alendronate sodium 35 mg tab MO	1	QL (4 per 28 days)
alendronate sodium 40 mg tab MO	2	QL (30 per 30 days)
alendronate sodium 5 mg tablet MO	2	QL (30 per 30 days)
alendronate sodium 70 mg tab MO	1	QL (4 per 28 days)
allopurinol 300 mg tablet MO	1	
AMPYRA 10 MG TABLET,EXTENDED RELEASE SP	5	PA,QL (60 per 30 days)
AVODART 0.5 MG CAPSULE MO	3	QL (30 per 30 days)
AVONEX (WITH ALBUMIN) 30 MCG INTRAMUSCULAR KIT SP	5	PA,QL (4 per 28 days)
AVONEX 30 MCG/0.5 ML INTRAMUSCULAR SYRINGE KIT SP	5	PA,QL (1 per 28 days)

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
azathioprine 50 mg tablet SP	2	B vs D
BINOSTO 70 MG EFFERVESCENT TABLET MO	4	QL (4 per 28 days)
COLCRYS 0.6 MG TABLET MO	3	QL (120 per 30 days)
cyclosporine modified 25 mg SP	4	B vs D
ENBREL 25 MG (1 ML) SUBCUTANEOUS SOLUTION SP	5	PA,QL (8 per 28 days)
ENBREL 25 MG/0.5 ML (0.51 ML) SUBCUTANEOUS SYRINGE SP	5	PA,QL (8 per 28 days)
ENBREL 50 MG/ML (0.98 ML) SUBCUTANEOUS SYRINGE SP	5	PA,QL (8 per 28 days)
finasteride 5 mg tablet MO	2	QL (30 per 30 days)
GILENYA 0.5 MG CAPSULE SP	5	PA,QL (30 per 30 days)
HUMIRA 20 MG/0.4 ML SUBCUTANEOUS SYRINGE KIT SP	5	PA
HUMIRA 40 MG/0.8 ML SUBCUTANEOUS SYRINGE KIT SP	5	PA,QL (6 per 28 days)
HUMIRA PEN CROHN'S-ULC COLITIS-HIDR SUP STARTER 40 MG/0.8 ML SUB-Q KIT SP	5	PA,QL (6 per 28 days)
JALYN 0.5 MG-0.4 MG CAPSULE, EXTENDED RELEASE MO	3	QL (30 per 30 days)
leflunomide 10 mg tablet MO	2	QL (30 per 30 days)
leflunomide 20 mg tablet MO	2	QL (30 per 30 days)
mycophenolate 250 mg capsule SP	3	B vs D
mycophenolate 500 mg tablet SP	3	B vs D
PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE MO	4	PA
REMICADE 100 MG INTRAVENOUS SOLUTION MO	5	PA
SENSIPAR 30 MG TABLET MO	3	QL (60 per 30 days)
SENSIPAR 60 MG TABLET MO	5	QL (60 per 30 days)
SENSIPAR 90 MG TABLET MO	5	QL (120 per 30 days)
RESPIRATORY TRACT AGENTS		
ASMANEX TWISTHALER 110 MCG (30 DOSES) BREATH ACTIVATED MO	3	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (120 DOSES) BREATH ACTIVATED MO	3	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (30 DOSES) BREATH ACTIVATED MO	3	QL (1 per 30 days)
ASMANEX TWISTHALER 220 MCG (60 DOSES) BREATH ACTIVATED MO	3	QL (1 per 30 days)
budesonide 0.25 mg/2 ml susp MO	4	B vs D
budesonide 0.5 mg/2 ml susp MO	4	B vs D
cromolyn 20 mg/2 ml neb soln MO	3	B vs D
DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (13 per 30 days)
DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (13 per 30 days)
LETAIRIS 10 MG TABLET SP	5	PA,QL (30 per 30 days)
LETAIRIS 5 MG TABLET SP	5	PA,QL (30 per 30 days)
montelukast sod 10 mg tablet MO	2	QL (30 per 30 days)

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ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

DRUG NAME	TIER	UTILIZATION MANAGEMENT REQUIREMENTS
montelukast sod 4 mg granules MO	4	QL (30 per 30 days)
montelukast sod 4 mg tab chew MO	2	QL (30 per 30 days)
montelukast sod 5 mg tab chew MO	2	QL (30 per 30 days)
SYMBICORT 160 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (11 per 30 days)
SYMBICORT 80 MCG-4.5 MCG/ACTUATION HFA AEROSOL INHALER MO	3	QL (11 per 30 days)
zafirlukast 10 mg tablet MO	4	QL (60 per 30 days)
zafirlukast 20 mg tablet MO	4	QL (60 per 30 days)
SERUMS, TOXOIDS, AND VACCINES		
ZOSTAVAX (PF) 19,400 UNIT/0.65 ML SUBCUTANEOUS SUSPENSION MO	4	QL (1 per 365 days)
SKIN AND MUCOUS MEMBRANE AGENTS		
betamethasone dp aug 0.05% gel MO	3	
calcipotriene 0.005% cream MO	4	QL (120 per 30 days)
desoximetasone 0.05% ointment MO	4	
fluorouracil 2% topical soln MO	4	
fluorouracil 5% top solution MO	4	
hydrocortisone 0.1% soln MO	3	
hydrocortisone buty 0.1% cream MO	3	
hydrocortisone butyr 0.1% oint MO	3	
mupirocin 2% cream MO	4	
SORIATANE 17.5 MG CAPSULE MO	5	
SMOOTH MUSCLE RELAXANTS		
oxybutynin 5 mg tablet MO	2	
oxybutynin cl er 10 mg tablet MO	3	QL (60 per 30 days)
oxybutynin cl er 15 mg tablet MO	3	QL (60 per 30 days)
oxybutynin cl er 5 mg tablet MO	3	QL (60 per 30 days)
tolterodine tartrate 1 mg tab MO	3	QL (60 per 30 days)
tolterodine tartrate 2 mg tab MO	3	QL (60 per 30 days)
TOVIAZ 4 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
TOVIAZ 8 MG TABLET,EXTENDED RELEASE MO	3	QL (30 per 30 days)
trospium chloride 20 mg tablet MO	4	
VITAMINS		
calcitriol 0.5 mcg capsule MO	3	

Need more information about the indicators displayed by the drug names? Please go to page 9.

ST - Step Therapy • QL - Quantity Limit • PA - Prior Authorization • B vs D - Part B versus Part D

Index

M

N

O

P

V

W

X

Z

Notes

Notes

Notes

Notes

Notes

This abridged formulary was updated on 11/02/2015 and is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact Humana at 1-800-281-6918 or, for TTY users, 711, 7 days a week, from 8 a.m. - 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from Feb. 15 - Sept. 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day, or visit Humana.com.

Humana is a stand-alone prescription drug plan with a Medicare contract. Enrollment in this Humana plan depends on contract renewal.

The benefit information provided is a brief summary and not a complete description of benefits. For more information contact the plan. Limitations, copayments and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

This information is available for free in other languages. Please call our customer service number at 1-800-281-6918. If you use a TTY, call 711.

Esta información está disponible sin costo en otros idiomas. Llame a nuestro departamento de Servicio al Cliente al 1-800-281-6918. Si usa un TTY, llame al 711.

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